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Fighting for inclusion across borders: Latin American Trans women's health in Canada

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ABSTRACT

Background: Worldwide, Trans women from Latin America experience some of the highest rates of violence, which has led many to emigrate. There is limited research exploring the experiences of Trans migrants, and most LGBTQI2S + migrant research focuses on immigrant gay men. This study uses the frameworks of Intersectionality and the Social Determinants of Health (SDoH) to examine the impact of migration on the health and wellbeing of Latin American Trans women living in Toronto, Canada.

Methodology: This qualitative arts-based study included nine participants and used hand mapping, a sociodemographic questionnaire, and focus groups to generate data. Data analysis encompassed inductive and deductive approaches and rigor was maintained through reflexivity and several verification strategies.

Results: While migration was used as a safety strategy, participants' multiple identities as immigrants, Trans women, and Latinas, produced compounded experiences of oppression post-migration. Facing transphobia and xenophobia simultaneously, participants were forced to navigate precarious housing and employment, minimal social capital, and low social position. This limited their ability to exercise power and ultimately caused poor health and wellbeing post-migration; however, participants used sophisticated strategies to resist asymmetrical power relations, actively searching for safety and community participation, and caring for themselves and each other.

Conclusion: The participants fought for inclusion across borders of economic exclusion and gender identity, borders of power and social position, as well as geopolitical borders. Their intersectional experiences across these "borders" should be understood in the context of migration without liberation, consumption without income, compounding oppressions, as well as positive intersectionality. While the women's resistance and strength are positive by-products of fighting oppression, they cannot be the solution. Access to health and wellbeing should not be a privilege for some; it must be a right for all.

Introduction

The erasure of Trans[1] individuals is systemic. It can be seen as an epistemological problem, since research frequently centers around cis-normative concepts of gender identity. However, as a participant in Bauer et al. (2009)'s Transpulse study states, "I don't think this is theoretical; this is our lives." Both informational and institutional erasure of Trans individuals creates systems of knowledge and healthcare that treat Trans people as anomalies (Bauer et al., 2009).

One area of health research where Trans individuals continue to be erased is migration. There is little research addressing immigrant Trans women, and the majority of LGBTQI2S + migrant research focuses on gay men (Langarita Adiaego & Salguero Velazquez, 2017; Rhodes et al., 2015). From the information that is available, worldwide forced migration for Trans individuals is occurring at an increasing rate, with Trans people seeking refugee or asylum status out of extreme fear of death or violence (Gowin et al., 2017; Zea

et al., 2013). Additional motives for migration include institutionalized discrimination, barriers to work, and involvement in survival sex work (Padilla et al., 2016). Qualitative studies with Trans migrants have also highlighted challenges around health and access to services, discrimination, resilience and community-building (Bianchi et al., 2014; Rhodes et al., 2015; Silva & Ornat, 2015).

Trans migrants from Latin America are leaving very challenging contexts. Of the reported murders of Trans women worldwide (most go unreported), 88% of them in 2009 occurred in Latin America (Morales, 2013). There are few studies that capture the health experiences of Latina Trans women post migration. One U.S. study with 45 Mexican Trans women found that some stressors were reduced after migration; however, Trans women still experienced significant mental health problems including PTSD, depression, and substance abuse, exacerbated by lack of access to healthcare. Understanding the experiences of immigrants from Latin America is complex, as Latin America is an incredibly linguistically and culturally diverse continent, representing 20 countries and 560 languages (United Nations, Department of Economic and Social Affairs, Population Division, 2019).

In the Canadian context, the TransPulse Project in 2009 was the first major effort to survey Trans people in the province of Ontario; it explored experiences of social exclusion and discrimination (Transpulse, 2009). In 2021, a recent effort to introduce questions around sexual and gender identity in the national census provided a promising opportunity to address a history of erasure and better understand the needs of Trans individuals (Statistics Canada, 2020).

To our knowledge, no studies have exclusively focused on Latin American Trans women's experiences in Canada. This study is an effort to begin addressing this gap. The study's objective was to examine the impact of migration on the health and wellbeing of Latina Trans women in Canada, using Social Determinants of Health and Intersectionality frameworks.

Conceptual frameworks: social determinants of health and intersectionality

Two interrelated conceptual frameworks have guided this study: the Social Determinants of Health (SDoH) and Intersectionality.

The SDoH framework begins by examining the structural (political context and socioeconomic position) and intermediary (living and working conditions, psychosocial factors) determinants of health. It reveals how discourses, material circumstances, and access to different forms of capital stratify people living in the same country from extreme privilege to profound disadvantage, where greater agency and control over life conditions is associated with better health outcomes (Marmot, 2015; WHO, 2010). Social inequity affects individuals located at the lowest social positions, reducing life expectancy and increasing morbidity (WHO, 2010, 2019). Migration in itself is considered a social determinant of health (Davies et al., 2009) as it profoundly alters social positions and access to resources in the country of settlement. For example, migration can greatly impact identity, social participation, and wellbeing, as a result of barriers such as language, official recognition of credentials, limited professional opportunities, and lack of social networks (Kawashima, 2021; Stevens, 2019).

However, while SDoH focuses on separate categories of determinants from the macro level to the micro, Intersectionality starts from a place of acknowledging the impossibility of disconnecting categories. Intersectionality directs attention to how identity markers (i.e. race, class, gender identity) intersect with one another and overlap, creating a matrix of privilege and oppression (Cole, 2009; Collins, 1990; Crenshaw, 1991; Schulz & Mullings, 2006). Given that each of these identity markers are experienced at the same time, it is imperative to examine how they are interrelated and have an amplifying oppressive effect. This paper focuses on specific intersections: colonialism, classism, racism (and white supremacy), heteropatriarchy, and cisnormativity. It pays particular attention to one of the core tenets of Intersectionality, which states that "multiple social identities at the micro level (i.e., intersections of race, gender, and socioeconomic status) intersect

with macro level structural factors (i.e., poverty, racism, and sexism) to illustrate or produce disparate health outcomes" (Bowleg, 2012, p. 1268).

When SDoH and Intersectionality are examined together, the need for Intersectionality becomes clear. There is a problem in addressing health through single categories/determinants: "examinations of health inequities that are reduced to any one single determinant or marker of difference would be viewed as inadequate for understanding the various dimensions that are always at play in shaping and influencing social positions and power relations" (Hankivsky & Christoffersen, 2008, p.276). While the WHO SDoH framework recognizes the interactions between determinants, reflecting "how the 'macro,' 'meso,' and 'micro' level determinants affect each other in a fluid way" (Canadian Council on Social Determinants of Health (CCSDH), 2015, p.25), we believe it cannot fully capture the compounding and disruptive effects of multiple intersections of oppression. An intersectional lens prevents a focus on any one particular determinant of health (Hankivsky & Christoffersen, 2008). However, Intersectionality does more than capture the compounding effects of multiple identities because it centralizes a focus on power and the root causes of illness and disease (Hankivsky & Christoffersen, 2008). SDoH views social inequity from a distributional perspective, while Intersectionality examines it from a relational perspective: "The former asks the question 'Who has more (education, wealth, income, cultural capital, prestige, etc.)?' The latter asks the question 'Who has power and control over whom?'" (Weber & Parra-Medina, 2003, p.187). Focusing on power, identity, and (in)equity, we see these two frameworks as complementary, creating a fruitful articulation between socio-political contexts, power, and their health consequences.

Methodology

The research team conducted a qualitative arts-based study in order to capture multiple and nuanced narratives of social circumstances (SDoH) and identity intersections that characterized participants' lives pre and post-migration. This study originated from a need identified by practitioners at the Center for the Spanish Speaking Peoples (CSSP), who had a preexisting support group called Trans Latinas Ontario (TLO), led by one of the authors (CBJ). TLO was formed in response to a lack of services for racialized, migrant, Trans women. This specific group was created to welcome newcomers from Latin America, and was conducted in Spanish to make everyone feel included, as many TLO members were non-English speaking migrants. This article presents data from the first phase of our action-oriented project with TLO: *Trans Latinas Rompiendo Barreras*. This project included a series of health promotion and socio-economic inclusion workshops across 6 months (Bilbao-Joseph et al., 2018).

The research team was composed of academics and practitioners (including mental health specialists and students), and an advisor from the TLO community. Participants were recruited in 2017 through CSSP from client and volunteer networks. The inclusion criteria were individuals who: a) were immigrants from Latin America; b) lived in Toronto; c) were over the age of 18 years; d) spoke Spanish or English fluently; and e) identified as Trans women.

The convenience sample was composed of nine Latin American Trans women between the ages of 20 and 60, with different migration statuses (see description of participants' in results). The study was approved by the Research Ethics Board at the University of Toronto. Prior to the research, participants signed an informed consent form in English or Spanish, which described the study, their potential participation, and how to withdraw at any time. During the study, researchers reminded participants of their rights and were attentive to their wellbeing, referring them to health services if needed: the team included counselors offering free mental health services and referrals to healthcare for everyone, even those without documentation (Guillemin & Gillam, 2004).

This study used three data generation techniques: a sociodemographic questionnaire (SDQ), an art-based method (hand mapping) and a semi-structured focus group. The SDQ and hand mapping consisted of two-hour, one-on-one meetings, led by one of four Spanish-English bilingual

researchers (including NG, MPB, DG). These meetings took place in a private room at CSSP, a location where participants said they felt safe and comfortable speaking openly (Liamputtong, 2007). Subsequently, the focus group was conducted by two researchers in the same location in a large, shared room that was used exclusively for the group (UB and SG). Both the hand mapping and focus group guides were developed based on literature reviews and through discussions with practitioners and the community advisor. Brief field notes were taken by researchers during individual meetings, which were further developed before sharing with other researchers.

The SDQ focused on migration, socio-economic status, health, community, and wellbeing and included questions informed by the survey developed by the TransPulse Project (Transpulse, 2009). The study also used the MacArthur Scale of Subjective Social Ladder (Adler & Stewart, 2007) to assess participants' perception of their social status in relation to the LGBTQI2S + community and the overall Canadian population.

The arts-based method, hand mapping, was inspired by the bodymap storytelling methodology (Betancourt, 2014; Betancourt & Bilbao-Joseph, 2016; Gastaldo et al., 2012). In hand mapping, participants draw an outline of their own hands and then are invited to orally and visually narrate a journey, in this case, participants' migratory and gender journeys. The method is designed to facilitate the expression of complex issues through drawing, collage, dialogue and storytelling, allowing researchers and participants—particularly those with experiences of marginalization—to collaborate revealing perspectives that are often invisible in scholarship and practice (Godden, 2017; Gastaldo et al., 2018; Lynam & Cowley, 2007). In our study, the palm and hand lines showed the evolution of the gender and migration journey (many elements were related to participants' identities/intersectionality) and each finger represented a dimension of social position or health (elements related to the SDoH framework) (Table 1 summarizes the guide used to create hand maps). The hand mapping activity was recorded and transcribed. The one-hour focus group included seven participants out of the nine who attended the hand mapping sessions. The focus of the discussion was on their aspirations, challenges and other areas for CSSP to consider in future program development, particularly listening to what the participants wanted the *Rompiendo Barreras* workshops to include.

Data generation meetings were audio recorded and transcribed verbatim in the language chosen by participants, and researchers' fieldnotes were incorporated. Qualitative data from the SDQ (open-ended questions), hand mapping visual and oral data, and focus group data were analyzed by four researchers, in pairs, combining a deductive and inductive approach (Eakin & Gladstone, 2020). The emergent codes, categories and themes were first analyzed to describe participants' experiences and perspectives and later they were organized according to the frameworks guiding this study. Discrepancies between researchers were addressed through consensus in both phases of the analysis. Lastly, the Spanish quotes used in the article were translated to English during the writing process.

Throughout the research process, the quality of the data generation and analysis processes were established using reflexivity and verification strategies. Researchers engaged in individual and collective reflexivity, considered the possibilities and limitations imposed by their positionality (e.g., immigration experiences, cisgender individuals), and utilized specific strategies to produce quality information, including triangulation of data generation methods, audit trail of key methodological decisions, and triangulation of sources for analysis (Kitto et al., 2008).

Results

The results presented here are organized utilizing structural SDoH (i.e., political context and economic status), and their impacts (e.g. social position and health consequences), alongside the compounding effects of identity markers (i.e., intersectional analysis) to present concomitantly how macro-micro factors and experiential-relational dimensions shaped participants' lives. In the journeys described by participants, singular structural factors intersected in ways that made it impossible to extricate all of the intersections of oppression they experienced. As such, this section explores

Table 1. Handmap guide.

1. Use a pen or marker to trace an outline of your hand.
2. Wrist: On the wrist, draw a word or symbol that represents the beginning of your journey.
3. Palm: Draw major events on the palm of your hand and use lines to connect them, showing your life trajectory. This is where you can describe major life events (e.g. gender at birth and gender transitions, migratory journey, important relationships or life changes). Do not draw in the area of your fingers.
4. Fingers: Your fingers are like the branches of your life experiences, with each one representing a different part of you. Use any words, images, or colors that help describe your experience. Your pinky (smallest finger) represents your sense of self-care and health.
   a. Your ring finger represents belonging (e.g. sense of community).
   b. Your middle finger represents your economic life in Canada (e.g. employment and finances).
   c. The index/pointer finger is a 'free' finger. Please use it to explore any topic or experience that currently impacts your life.
   d. For the thumb, please write in a life slogan, which represents your philosophy of life or beliefs.
5. To finish, write a message to the world, your own 'tweet' to the universe. Write this above your hand.

identities, structural exclusion, and resistance to describe in a systematic way the root causes and the overlapping oppressive effects Latin American immigrant Trans women living in Canada experienced in their everyday lives, as well as their ability to resist and exercise power.

Overview of participants

The nine participants were from Mexico, Honduras, Argentina, Ecuador, Venezuela, Trinidad and Tobago[2], Colombia, and Brazil. They had immigrated to Canada between 1 month and 47 years ago, and had a variety of immigration statuses. Most migrated to Toronto directly from their countries of origin, but some had previously lived in the United States, Brazil, Italy, and several had also migrated from rural to urban areas within their countries of origin prior to emigrating. While some had begun their transition in their country of origin or along their migration journeys, several began transitioning in Canada. Participants' fluency with English varied significantly and several had difficulties communicating in English (see Table 2).

Participants' ages ranged from 20 to 59 years old and all identified as Latinas. The majority of participants had started or completed post-secondary education and two were currently university students. At the time of the study, four of nine participants were unemployed. Of those five employed, three had unskilled precarious jobs (temporary or part-time jobs), one worked in maintenance services and another as a fashion designer. With the exception of one, all earned less than $1,500 CAD per month, with the majority earning between $800 to $1,250 per month. At the time of the study, the median income in

Canada was CAD$2,750 per month, meaning the participants were living well below the low-income threshold (Statistics Canada, 2019; Statistics Canada, 2020). The majority reported having enough to eat, but unable to choose what to eat. Three participants were living in subsidized housing or in temporary accommodation provided by local nonprofit organizations.

Ethnocultural identity

Participants all identified as Latina, and some also identified as being Indigenous or having African ancestry. Due to the diversity that exists in Latin America, some remarked that their ethnicity was sometimes ambiguous. Some participants acknowledged that at times they were 'white-passing' and at other times they experienced anti-Latinx racism. As a result of experiences of racism and xenophobia, we use the term "immigrant Trans women who experience racism" to describe these experiences. We chose not to use the terms "racialized" or "people of color" for two reasons: many of the participants do not identify this way, and these terms can perpetuate feelings of othering.

Socio-political context: migration as "safety"

When asked for their motives for migrating to Canada, participants shared that migration to Canada was used as a strategy to find safety; however, it was an imperfect solution because systemic discrimination is also present in Canada.

"I thought the worst was over when I came from [home country], but I did not know that the worst was yet to come." (Cristina)

Table 2. Participants' sociodemographic characteristics.

	N
Age (y)	
19-29	1
30-39	4
40-49	2
50-60	2
Years living in Canada (y)	1
less than 1 year	1
1-5 years	1
5-10 years	3
10-15	2
15-20	1
more than 20	
Communication in English	
With great difficulty	1
With some difficulty	3
Fluently	5
Highest Level of Education	
High school graduate	2
College, complete	3
University, incomplete	2
University, in progress	2
Employment Status	
Unemployed	4
Temporarily employed	1
Employed Part-time	2
Employed full time	2
Monthly Income (in $CAD)	
<500	2
500-1000	2
1000-1500	4
1500-2000	1

The participants used migration to escape the socio-political contexts in their countries of origin, where they faced significant discrimination and violence due to transphobia and homophobia. For some participants, migration was seen as an alternative to staying in challenging economic and political contexts. Some participants came to Canada as young adults, with the expectation that Canada would be accepting of LGBTQI2S+ people (see Figure 1). For other participants, migration was used as a means of survival.

"I need to cross borders to be okay." (Julie)

"For some reason, I never thought that I would leave there [country of origin], I always thought that I was going to die there or that I was going to be killed… When I crossed the border to Canada I felt that my life was beginning." (Cristina)

In spite of their hopes, participants' expectations post-migration were not fulfilled, as they experienced xenophobia and continued transphobia. In some cases, transphobia and discrimination were part of the migration process itself. As Florencia shares:

"The people at customs saw my passport and saw that my name was that of a man, and then they started talking with other people. I saw that this was a matter of transphobia." (Florencia)

Participants experienced intense disappointment, as a result of having made extreme sacrifices for their safety and wellbeing. The intersections of their experiences as both Trans women and immigrants became clear as they described ongoing experiences of discrimination due to their gender identity, and also struggled with being newcomers to Canada. As a result of migration, participants took on a new identity (immigrant), which forced them to now face xenophobia and racism, on top of transphobia. Participants described feelings of discontent that intersected these two aspects of their identities: disappointment from continued transphobia in Canada, as well as disillusionment in response to colonialist narratives of "Canada as a superior country."

Maria described how she had to leave her daughter and family to come to Canada. Since arriving, she has been unable to find stable work here, she faces an extremely precarious situation as an undocumented woman, meanwhile still experiencing transphobia. For her, the cost of migration was not worth it:

"I always idolized the North as being highly superior. And it is not, sadly. This Canadian experience is the greatest disappointment of my life." (Maria)

"My daughter, poor girl, she wanted me close by, but I am in this country to achieve things in my life… you come to Canada and you expect that you will be better off. But you are left on your ass. Being far from your people is like a kick in the balls." (Maria)

After migration, participants described experiencing a loss of cultural identity and limited social networks in Canada. This loss of identity and networks included fractured relationships with families and community due to the disruptions of the migration experience. However, many participants worked hard to keep in touch with certain trusted family members and friends in their countries of origin.

Economic exclusion and gender identity

Participants' experiences revealed bidirectional impact between economic exclusion and gender identity: their gender identity as Trans women

Figure 1. Katy shared her migration journey in her hand map: first from her birth city to live with an aunt in the USA, and later to Canada at the age of 25, because Canada was known to be more accepting (see rainbow flag). She represented her mother and grandmothers as angels protecting her.

resulted in economic exclusion (i.e., transphobia causing underemployment), and this economic exclusion impacted their gender identity expression (i.e., inability to purchase gender affirming products like make up and clothes).

Both as migrants and Trans women, participants faced barriers to economic inclusion and financial stability. While participants had relatively high educational levels, this was not reflected in their income, as all participants except one were living below the poverty line and experienced financial insecurity. Perhaps the most obvious form of economic exclusion was around work, and their experiences of transphobia both in their job search and in their place of work. This is shown in Maria's hand map below, in which she uses the color black to paint the finger representing economic

inclusion and its complete void in her life (Figure 2, see also Table 2).

Layered on top of transphobia, participants faced additional barriers as a result of racism, xenophobia, and the challenges of being an undocumented immigrant, which made it difficult or impossible to find decent work. Furthermore, some participants had limited English fluency, which also limited their eligibility for existing job opportunities in Canada. Together, the transphobia and xenophobia the women faced while searching for or obtaining employment, led to unemployment or precarious work. One participant had worked in the tourism industry and described being let go without explanation after three months.

When participants did obtain work, transphobia also made it difficult to maintain employment.

In several cases, to avoid transphobic discrimination in hiring, women did not express their gender identity. For example, Cristina, who worked in customer service, described:

"I was so afraid that they would not hire me that I put on a tie and put up my hair. I went to get the job as a complete actress. And I got the job. After three months, I felt safe because of the union and because my colleagues were very open. Then I came to work as a Trans woman and the harassment started, discrimination, inappropriate comments. I endured it for a long time because I needed the job. I was new, and I did not want to complain, so I kept quiet. But there came a time when I could not stand it. Incidents happened more and more often, and I started having panic attacks. I had to stop working because of the stress. I went into depression again and had suicidal thoughts." (Cristina)

The participants' low incomes directly impacted their ability to express their gender identity. The participants described needing clothes, nail care, make-up, hair removal, wigs, and other products and services to express their gender identity as they wished, as well as to have their gender identity socially recognized

Figure 3. Perla's desire for economic resources.

(gender affirmation). Without steady income, participants were unable to purchase beauty products and clothes, which meant they could not express themselves in the way they preferred. As Maria stated:

"There is an ultra-limiting issue: money, if we have money, we can take care of ourselves; this happens to everyone. I have to shave my body completely." (María)

Perla's hand map (Figure 3) displays a face with dollar signs crying and fingers crossed, representing her desire for the economic resources to not only take care of her needs, but also to express herself and live as a woman on her own terms. For participants living on low incomes, their inability to achieve particular beauty ideals also affected their self-image and self-esteem. Half of the participants described a large dissatisfaction with their physical appearance, rating their satisfaction with a 3-4 out of a scale of 10.

Figure 2. Maria's representation of her economic inclusion (middle finger painted black), in contrast to her other fingers.

Figure 4. Perla was confined to boyhood as a child, and the positive impact of beauty accessories on her life now.

For many participants, being able to acquire their preferred clothing and having access to beauty products was described as freeing, as it allowed them to participate in society and feel comfortable in their own body. Perla described how growing up in Mexico, she felt confined to the gender she was assigned at birth. She represented this in her hand map with a small boy chained to a masculine gender symbol (Figure 4). Perla also described the way she has become comfortable with her body, and the role that beauty products and fashion have had for her:

> Perla: "I feel like I'm able to experiment and express myself how I feel and how I want to."
>
> Researcher: "Is there a symbol that reminds you of that kind of freedom to express yourself?"
>
> Perla: "Make-up."

It is important to note that the two sides of the bidirectional impact can become self-reinforcing: participants who could not obtain stable employment due to their gender identity were then prevented from expressing their gender identity due to lack of income, which could further increase ability to obtain employment.

Social position: navigating discrimination and reasserting power

"My life is like that of other Trans women: family exclusion…[it is] socially and economically difficult." (Florencia)

The aforementioned political and socio-economic context in Canada directly impacted participants'

social positions. Participants were aware of their low social status: when asked to compare themselves to Canadians in general, participants perceived themselves to be in a low social position in Canada, scoring an average of 3.6/10 on the McArthur Scale of Subjective Social Ladder. Social position is influenced not only by the economic resources but also by discrimination (WHO, 2010), which participants experienced at the intersections of each aspects of their identity, as Latinx, Trans, immigrant, women.

We asked participants about discrimination they experienced within both Latin American and LGBTQI2S + communities in Canada. Regarding the Latin American community in Toronto, participants shared that they had a strong desire to participate, but sometimes felt unwelcome in the community as Trans women. At the same time, participants had an equally strong desire to participate in LGBTQI2S + communities but shared that as Trans women who experience racism, they were discriminated against and excluded from queer spaces. This perception was also reflected in their responses to the McArthur Ladder, as they considered their social position within the LGBTQI2S + community to be 3.8/10 on average. This reflects how participants felt that as Trans women they were less welcome in LGBTQI2S + spaces than other queer identities. This was well illustrated by the story Maria told about how she and her art were excluded from being shared or sold in gay men's spaces:

> "In the world of plastic art, homosexuality is accepted, not transsexuality… 'Yes, he is an artist, he paints, he is gay but he is an artist, he is an evolved human being… But not that one, she is a transsexual.'" (Maria)

Another participant, Julie, echoed this sentiment, showing how this discrimination within the LGBTQI2S + community creates divisions in social class, limiting their power to access financial capital. She commented on how cisgender gay men occupy higher social positions, are able to access resources, and are better remunerated. Julie uses the term "pink money," which refers to the purchasing power of the LGBTQI2S + community. Her statement not only reflects the exclusion within the LGBTQI2S + community, but also the lack of economic resources for Trans people:

"For me, economically, it is the economy of gay people. There is a lot of money from the government for organizations or to hire people. But for Trans people, in my experience, it is very difficult to have opportunities to integrate myself with pink money." (Julie)

The intersection of being an immigrant, with few financial and political resources, and also a Trans woman, combined to diminish participants' ability to exercise power and lowered their social position. Newcomers to Canada have little social capital and therefore experience more vulnerability and less control over life circumstances, since they have few people in Canada on whom they can depend. For example, one participant described fleeing a bad housing situation, only to have to negotiate for her next residence using sex. Participants also shared how the stereotype of Trans women being sex workers also impacted their ability to exercise power. As Mariangeles explained:

"Sadly, the beautiful world of Trans women is known for fantasy and prostitution, and it is so much more than that."

Despite this context of limited power and low social position, participants fought back by building social and human capital through political and social networks, both pre- and post-migration. One participant, before leaving her home country, connected herself to HIV networks, returned to school, and found a new occupation. She described the importance of information and how it changed her life, and brought her employment and health:

"Information leads to work—work, self-love, self-care. When people living with HIV told me that information is life, I was able to work with dignity, have dreams." (Florencia)

Some participants described a desire and responsibility to educate others about Trans people, and how this was incredibly challenging but also rewarding. After experiencing discrimination at her job post migration, Cristina described how she pushed back against a system that was taking away her power, and in the process, shifted her social position:

"I started to see that there was a need to be visible, a need to speak. On my first stress leave, I agreed to participate in a documentary… and again I accepted another proposal to be in [name] magazine, half-naked to tell my story, and start trying to make people understand how things are. I started and I ended up doing a movie on [website]. I mean out of nowhere I became an activist…So by luck I feel that I am living the life that I always dreamed of. But there was a cost, it cost a lot for me to get here. But I feel that finally I am giving myself the opportunity to be who I am, at all costs." (Cristina)

Participants' strength and positivity in their self-representations showed another form of resistance. In their hand maps, participants were invited to share a "life slogan," and in spite of structural determinants that disempowered them, almost all participants included powerful life slogans. They called out for acceptance, love, action, and "ubuntu" (compassion and humility). They worked to resist having their social position determined by others, based on income, identity, or stereotypes. Some of their hand map slogans included: "Be yourself without having self-prejudices," (Mariangeles), "Be the change you want to see in the world, and treat others the way you want to be treated" (Perla). Other slogans offered self-love messages: "I am learning to accept and love myself" (Consuelo), and "Love others as you love yourself" (Florencia) (Figure 5).

Impact on health and wellbeing

While describing their migratory and gender identity journeys, participants highlighted how these journeys impacted their health—physically, mentally and socially—and the steps they took to improve their wellbeing.

Overall, participants arrived in Canada in good physical health. However, over time, they described how their health worsened. As newcomers to Canada (some without English fluency) and as Trans women, the women's location at multiple intersections of oppression produced work options that often had unsafe or precarious work conditions. In some cases, this was related to the employment they had access to, as newcomers and Trans women, which often had. Participant described occupational health and safety hazards in their employment, for instance, while temporarily working in construction or as sex workers. Katy and Maria shared ways that
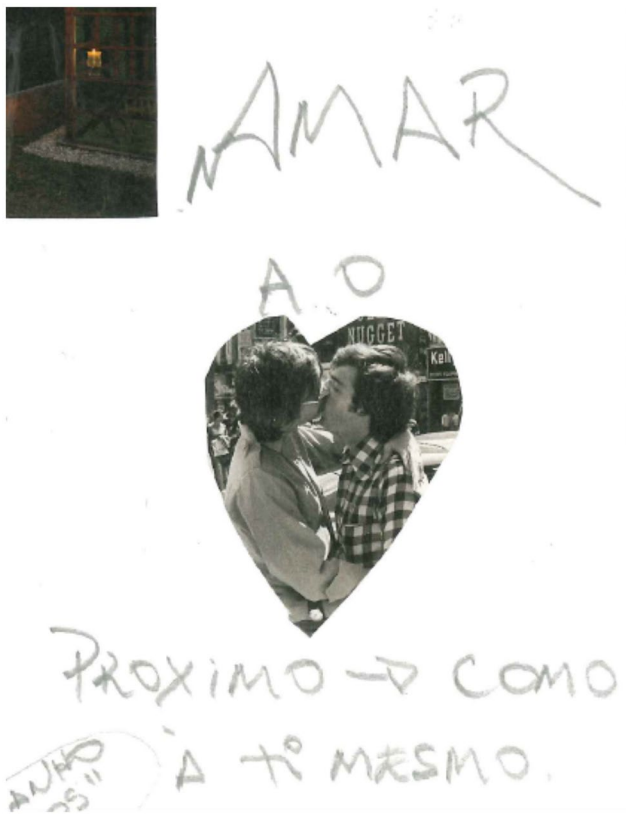
Figure 5. Florencia shares "love others as you love yourself" as her message to the world.

both precarious employment and stress impacted their physical health:

> "I have had many shoulder injuries. And part of that is also that I have a lot of muscular problems. I don't know if it is because of stress but something is happening to my body, I feel really weak, I feel really tired…the last two or three years." (Katy)

> "They were brutal jobs. Look at the price I paid. It destroyed my health. My joints swell and it causes pain." (María).

As a result of transphobia, radical exclusion, and discrimination, some participants described experiencing depression, anxiety, suicidal thoughts, trauma and self-harm. For example, in Cristina's story about discrimination in the workplace, she described how transphobia led to panic attacks, stress leave, depression, and eventually suicidal thoughts. Maria also described suicidal thoughts and the role of family and community in her mental health:

> "I have an enormous void…the amount of crazy thoughts and risks I have taken, to get something in

life that I have not achieved, and when I do achieve it, I pay an extremely high price, too high, to the point where I want to end my life. There is only one person who can prevent me from doing this, and it is my daughter." (Maria)

In addition to the mental health problems described, some participants were also struggling with addiction issues. As Cristina stated:

> Cristina: "It's weird because I have this battle inside me. I want to be well and take care of myself but I have a self-destructive side. There's two sides of me."

> Researcher: "How can we represent this?"

> Cristina: "With a bottle of something. Damn alcohol. It's a disease in my family."

As a result of being forced into vulnerable social positions, some participants experienced exploitation, abuse, and violence. As newcomers *and* Trans women, the participants faced a particular scenario of heightened vulnerability: being new to the country and often alone meant that many of them had few social ties or connections to turn to when they needed housing or protection from violence. For example, one of the participants without stable housing ended up in a situation where she was sexually assaulted and contracted HIV.

The disruptions caused by migration also produced challenges to their mental health and well-being. For instance, participants described having limited social networks, limited ability to access and use resources (including healthcare), and isolation due to marginalization.

Caring for health-related challenges was also complicated by their low social status, and lack of documentation in Canada for some. Some participants accessed healthcare, counseling, or psychotherapy when in need. For instance, they were able to access referrals to Trans-friendly healthcare organizations through CSSP as well as on-site mental health counseling. Nevertheless, three participants identified situations in the past 12 months where they needed mental healthcare, but did not receive it.

In spite of the numerous challenges, participants used strategies for self-care, including exercise and eating well, volunteering, artistic activities, or reading. Being able to eat well, and access yoga or

meditation were highlighted as useful, but something they had limited access to because of financial barriers. For one of the participants who had faced horrendous transphobia and workplace harassment, she shared how art therapy and getting back into dance was beneficial to her:

> "It's therapeutic for me, I have been doing a lot of art therapy. I have returned to my roots in dance and acting, and I have started singing again." (Cristina)

Discussion: fighting for inclusion across borders

While study participants used migration was used as a safety strategy, their multiple identities as immigrants, Trans women, and Latinas, produced compounded experiences of oppression post-migration. Facing transphobia and xenophobia simultaneously, participants were forced to navigate precarious housing and employment, minimal social capital, and low social position. This limited their ability to exercise power and ultimately caused poor health and wellbeing post-migration; however, participants used sophisticated strategies to resist asymmetrical power relations, actively searching for safety and community participation, and caring for themselves and each other.

The discussion below uses intersectionality to examine the direct impacts of facing multiple systems of oppression, with a focus on four areas: migration; income and consumption; mental health; and resistance. As transphobia combines with xenophobia and racism, LGBTQI2S + immigrants in Canada face disappointment and distress living within a white, heteronormative, and cisnormative system. There is an "intersectionality paradox" that applies to Trans immigrants whereby their level of education does not correspond with their income, as a result of sexism, transphobia, and xenophobia. Furthermore, low levels of income impact Trans women's gender expression, as it limits their ability to purchase gender-affirming products that are needed within a capitalist and sexist society. Lastly, Trans immigrant women who experience racism face high rates of mental health problems as a result of these compounding oppressions; however, community-building and resistance can be used

to create forms of "positive intersectionality," protecting them from further distress.

Migration without liberation

As newcomers to Canada, participants faced the same challenges as many immigrants: leaving their country and community behind, having their work experience unacknowledged, and reinventing themselves and their social networks (Davies et al., 2009). This toll is enormous; within ten years of arrival in Canada, immigrant health has been shown to decline significantly to the point where it is often worse than non-immigrants (Vang et al., 2017). For the participants, migration to Canada also led to fractures in their families and communities, which was a source of guilt and sadness. Fractures as a result of migration increase the likelihood of poor mental health, isolation, and lack of social support (GLoMHI, 2017; Padilla et al., 2016). However, these fractures' impact on mental health were significant for the participants as Trans women: some of them watched from afar as fellow Trans women were attacked or killed in their home countries, while at the same time they often found themselves isolated in Canada with few close friends.

As Trans immigrant women, their migration journeys were more complex since they were often migrating to Canada to find physical safety and acceptance of their gender identities. This relative safety in Canada is significant given the context of extreme violence toward Trans women in Latin America: of those reported, there were 130 murders in Brazil in 2019 alone, constituting 40% of the homicides of Trans people worldwide (Reuters, 2019). Similarly, Cerezo et al. (2014) found that Latin American Trans women living in the U.S. migrated there for safety and gender affirmation reasons. This safety is also important because some participants arrived in Canada before identifying as Trans, and therefore suggests that Canada was a place where new gender identities could be explored.

While the participants did experience relative safety, they also continued to face transphobia and other forms of violence in Canada. Murray (2014) suggests that LGBTQI2S + migrants are often positioned within a "migration to liberation nation"

narrative: they will arrive in Canada and receive gender and sexual freedom in return for passive and productive citizenship. This narrative reinforces colonial notions and a culturally racist paradigm where "sexual minority bodies have been used as mediating agents to maintain binaries of 'us versus them,' of backward, oppressive countries/cultures versus civilized, progressive Canada" (Jenicek et al., 2009, p.636). This way of positioning LGBTQI2S + migrants silences the persistent classism, racism, and xenophobia present in Canada (Murray, 2014). The study participants demonstrated how their migration was far from a simple solution: it led to distress and disappointment when they continued to experience systemic transphobia, alongside other forms of discrimination. Murray (2014) showed how LGBTQI2S + refugees in Canada sometimes do not feel permitted to express their concerns about discrimination after having the 'privilege' to migrate: "while participants might articulate genuinely sentimental feelings toward the nation of Canada in some contexts… they were also learning that xenophobia, homophobia and racism were components of daily life in Toronto, but were topics to be elided when speaking as a refugee" (p. 466).

In the exact same manner as one of the participants, a recent Trans woman arriving from Hong Kong to Canada also had her sex on her passport questioned, causing immense distress for her upon arrival (Global News, 2020). Brotman and Lee (2011) corroborate that LGBTQI2S + refugees often experience structural forms of oppression in the refugee process that contribute to re-traumatization. This shows the ways that the Canadian immigration system conceptualizes migration through a white, heteronoromative, cisnormative lens (Brotman & Lee, 2011), preventing Trans and queer migrants from "succeeding" in the process unless they conform to mainstream ideas of queer and Trans behavior.

Consumption without income

While the participants were asserting their identities as Trans immigrant women, they experienced transphobic violence and exclusion from employment— either not being hired, or having to leave work due to harassment. Despite the women's low levels of reported income, they reported average to high levels of education. Trans individuals in many high-income countries have higher levels of education than the general population (Budge et al., 2016; Factor & Rothblum, 2007; Rotondi et al., 2011), yet their income does not match their education level. This is consistent with our study's findings as well as the 2011 TransPulse Project in Ontario: they found that 49.3% of Trans women had completed post-secondary degrees, but only 37.8% were employed full time, and 40.4% earned less than $15,000 per year (Rotondi et al., 2011). While the SDoH framework suggests that higher levels of education produce higher levels of income, Intersectionalty helps explain why this is not the case for immigrant Trans women. Multiple intersections are at play: discrimination against immigrants in the workplace was exacerbated by transphobia, and in some cases, racism, which led to underemployment and unemployment.

Despite being well educated, the participants' multiple marginalized identities led to severe economic exclusion. Bowleg (2012) describes this phenomenon as the "intersectionality paradox:" a high-status identity (e.g., high level of education) can intersect with race and gender to produce poor health outcomes. For example, one U.S. study found that individuals with multiple marginalized identities (e.g., Black gay Trans men), had double the rate of Bachelor degree completion, but a salary well below $10,000 per year, while their white counterparts reported half the degree completion rate and an income over $60,000 per year (Budge et al., 2016).

As a result of living with low incomes, participants were sometimes unable to purchase gender-affirming products including clothes or make-up. Acquiring fashion and beauty products is important for some Trans women to make their authentic selves tangible (Lovelock, 2017), and can also prevent misgendering. Trans women are "read" more frequently as gender non-conforming than Trans men (Miller & Grollman, 2015), which leads them to experience increased transphobia (Miller & Grollman, 2015) and highlights the additional sexism Trans women face (Lovelock, 2017).

The root cause of the need for gender-affirming products can be seen as the intersection of

capitalism, sexism, and cisgenderism: ideas of beauty and femininity in a capitalist society depend on consumption, as well as cisnormative ideals that are based on patriarchy and male privilege (Liu & Wilkinson, 2017). Clothes and other accessories are used to define successful masculinity and femininity (Ratele, 2014); as such, consumption serves as an element of social class differentiation in a neoliberal capitalist society, excluding those who cannot afford fashionable clothes and beauty products (Shefer et al., 2017).

However, this social class differentiation is also amplified by systemic racism. Economically privileged Trans women, who are often white, are able to 'feminise' their corporealities through expensive procedures (Lovelock, 2017), which remain largely inaccessible to a Trans woman lacking economic resources (Skeggs, 2001). Therefore, having the financial resources to fit into the normative expectation for femininity is dependent on social and economic integration (Miller & Grollman, 2015; Shefer et al., 2017), while acknowledging the influence of systemic racism. Lastly, this process can reinforce itself: limited ability to express gender identity can produce further transphobic exclusion from employment.

Compounding oppressions: impact on health and wellbeing

In order to "succeed" in Canada, immigrant Trans women who experience racism face multiple oppressions at once: colonial ideologies and strict boundaries of acceptance of their ethnic and gender identities, commodification of their bodies and demands of consumption, patriarchal beauty norms and sexism, and a cisnormative society that is incredibly violent (in all senses) toward Trans individuals.

As a result of discrimination, stereotyping, and a lack of power, participants self-identified as having low social positions (indicated on the McArthur Ladder scales). Their placement of themselves at low social positions within Canada and the Latinx and LGBTQI2S + communities is linked to social exclusion and rejection not only from society as a whole but sometimes *self*-exclusion from societal participation (after experiencing harassment). This can be interpreted as a self-protection coping mechanism from transphobic violence, as well as an oppositional act of resistance (Vinthagen & Johansson, 2013).

However, the combined effect of fighting continual oppression and the experience of low social position substantially impacted their wellbeing. In terms of mental health, participants described significant depression, anxiety, and suicidal thoughts: this is reflected in a review article in the Lancet, where the prevalence of depression for Trans women ranged from 31% to up to 64% (Reisner et al., 2016). Latinx and Black Trans women in particular face significant stress as a result of both racism and often daily transphobia (Bazargan & Galvan, 2012; Jefferson et al., 2013), and transphobia-based violence is strongly correlated with anxiety, depression, and body dissatisfaction (Klemmer et al., 2021). Furthermore, undocumented Latina Trans women (such as the participant Maria) have significantly greater depressive symptoms than those with documentation (Yamanis et al., 2018).

In terms of physical health, some participants acknowledge the connection between their living conditions and the impact on their health, including both the types of jobs they were forced to accept (i.e., construction) and the daily stress put on their bodies from experiencing transphobia. Participants' well-being also includes their access to healthcare: some participants were unable to access healthcare when they needed it, which reflects the difficulty Trans women face finding knowledgeable and Trans-friendly healthcare providers (Brandenberger et al., 2019; Lacombe-Duncan, 2016). Physicians' lack of Trans health knowledge creates a higher risk of undiagnosed health problems for Trans people: breast cancers in Trans men and prostate cancers in Trans women are under screened and underdiagnosed, and there is little research that examines Trans cancer risks and care (Grimstad et al., 2020). Participants also described how they were placed in vulnerable scenarios that led to sexual assault or sexual interactions that resulted in their HIV positive status. As Trans women work to find trans-friendly healthcare, it is also important to highlight specific problems HIV positive Trans women face.

Fighting back: positive intersectionality and community building

In response to the complex challenges at multiple intersections, participants used community-building, learned coping skills, self-care, and other survival strategies to fight for their health and their rights. Groups like Trans Latinas Ontario at CSSP, the source of participants for this study, provided a safe space for participants to connect as a community and strengthen their well-being collectively. Similarly, Logie et al. (2016) also found that support groups for LGBTQI2S+ newcomers of color in Toronto provide immense intrapersonal, interpersonal, and structural benefits. Cerezo et al. (2014) also found that Trans Latina immigrants in the U.S. created a chosen family together: meeting through community organizations, they helped support each other emotionally and even financially, which assisted in combating distress.

At the individual level, participants made careful and strategic choices about their safety and wellbeing: they joined support groups, sought counseling, accessed art therapy, focused on self-love, and mobilized with others for collective political action. Another way to understand the significance of these actions is within the context of a recently emerging "positive intersectionality" effect: this describes a scenario where living with one marginalized identity can build acceptance or resilience strategies that help cope with a second marginalized identity (Ghabrial, 2017). In other words, for someone already navigating racial violence, when they come out as queer or Trans, they may not experience worse mental health outcomes because of the resilience they have already built (Klemmer et al., 2021). For instance, Singh (2013) found that Black and Latinx Trans people (in contrast to white Trans people) build specific tools, strategies, and coping mechanisms to avoid racist violence, and these tools help them cope with transphobic violence.

Limitations

This study had a few limitations. First, some of the intermediate Social Determinants of Health were not fully addressed in this study, including food insecurity and precarious living conditions as well as some physical health consequences of the deprivation experienced by participants. Second, the methodological emphasis on participants leading their own narratives meant that some participants may not have shared certain experiences (e.g., migration status, abuses, or violence experienced). Ethically, it was more important to respect their narrative choices than to probe for data. Third, the participants were recruited through a convenience sample from a community organization where they had been receiving social support. This implies that other Latin American Trans women could be living with even less social support and those voices are not captured in this study. Lastly, given that qualitative research is always context-specific, this study offers conceptual generalization of the oppression and inequity participants experienced and resilience strategies they employed in a large urban center in Canada, but in other contexts such struggles may differ (Eakin & Gladstone, 2020).

Implications and conclusion

"You have to wear your high heels well to be able to walk on this path without light…there is no guide at all, nothing at all. But as you walk, small lights go on, one by one" (Mariangeles)

The participants used sophisticated strategies to fight for inclusion across borders of economic exclusion and gender identity, borders of power and social position, as well as geopolitical borders. The fight for the inclusion of Trans people is paramount for a future where health equity becomes a possibility for all citizens of the global North and South. While the women used migration to escape from violence, they still experienced transphobia that led to new forms of oppression and exclusion in Canada. Learning from these women's experiences, we see the grassroots quality of community building and the structural nature of social inclusion as joint pathways for health and wellbeing.

We believe a more intentional way of thinking about and practicing Social Determinants of Health and Intersectionality is needed. For instance, Rania El Mugammar, a Sudanese Canadian anti-oppression educator, calls for the use of "Intersectionality as Practice," where we

design our systems for the most marginalized identities in order for them to work for everyone (El Mugammar, 2020). Implementing this approach requires significant shifts in our current thinking that start by understanding the needs of individuals with multiple marginalized identities. Asking the question, "how would an immigrant Trans woman who experiences racism safely navigate this system/program/policy?" could be an important starting point.

Answering this question requires us to admit that there is much left to be learned. The notion that research with multiple marginalized identity communities could be too specific to be impactful is a discriminatory assumption. Furthermore, epidemiological data often make Trans people invisible or misrepresent them. Future research studies need to examine the diversity of experiences of Trans communities in the ways they think about themselves. In addition, studies must include intersectional experiences of Trans migrants from low-and-middle income settings and non-binary individuals. Key to this is ongoing support for research with migrants from countries where LGBTQI2S + identities are criminalized. Lastly, an important topic for future research is access to decent work, particularly to better understand policies and programs that have successfully addressed workplace transphobia.

To further engage with current narratives and create the needed change, we believe that another important step is consulting with agencies that have had success working with Trans people (in Toronto, see *Women's Health in Women's Hands*, Center for Spanish Speaking Peoples, *Sherbourne Health Center, Black CAP)* as well as consulting the community directly. This includes using advisory boards and working groups to include immigrant Trans women at all levels of healthcare decisions, including program development and delivery (Lacombe-Duncan et al., 2017). Similarly, social and political interventions are needed: reducing cisnormativity and xenophobia starts with policies and educational practices that teach and espouse Trans inclusion. The focus on reducing cisnormativity is of particular importance in the workplace, as underemployment was one of the most crucial challenges participants faced. Interventions and advocacy are needed both in

the country of arrival (in this case, Canada) as well as the countries of origin (within Latin America).

Immigrant Trans women who experience racism used community building and political action to fight against violence and precarity. These strategies demonstrated their immense strength, and their daily battle against the compounding oppressions of colonialism, capitalism, sexism, racism, and cisgenderism. While the women's resistance and strength are positive by-products of fighting oppression, they cannot be the solution. Access to health and wellbeing should not be a privilege for some; it must be a right for all.

Declaration of interest statement

All authors report no conflicts of interest.

Ethical approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Notes

1. The capitalization of the letter 'T' represents the difference between a noun and an adjective, and the difference between a descriptive name ('trans') and an identity ('Trans'). Trans in its capitalized form reflects a shared sense of identity. Furthermore, the study participants capitalized Trans when they represented themselves, and therefore it was essential that we reflected their preference in this paper.
2. Trinidad and Tobago was included, as the participant self-identified as Latina

Acknowledgments

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